



State of Hawaii, Department of Health, Wastewater Branch

WWB-NOI Form J

Notice of Intent for HAR, Chapter 11-55, Appendix J - NPDES General Permit Coverage Authorizing Occasional or Unintentional Discharges from Recycled Water Systems

Before completing this form, read the General Guidelines for WWB-NOI Forms and Guidelines for WWB-NOI Form J. Alteration of the text in this form may delay the processing of this submittal.

1. Owner Information (see Guidelines for WWB-NOI Form J - Note 1)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

2. Owner Type (see Guidelines for WWB-NOI Form J - Note 2)

City ☐ County ☐ State ☐ Federal ☐ Private ☐ Other ☐

If "Other" is checked, specify the type below:

\_\_\_\_\_

3. Operator Information (see Guidelines for WWB-NOI Form J - Note 3)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

4. System Information (see Guidelines for WWB-NOI Form J - Note 4)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

Island: \_\_\_\_\_

Tax Map Key No(s).			
Zone	Section	Plat	Parcel(s)

5. Receiving State Water(s) Information (see Guidelines for WWB-NOI Form J - Note 5)

a. Receiving State Water Name: \_\_\_\_\_

Discharge Point Coordinates into the Receiving State Water:

Latitude: ° ', " N Longitude: ° ', " W

Classification: (check the appropriate space(s))

Inland: Class 1 ☐ Class 2 ☐ and Estuary ☐

Marine: Class AA ☐ Class A ☐ and Embayment ☐

b. Are there additional discharge points into receiving State waters?

No ☐ Yes ☐ If yes, provide the information requested in Item 5.a. on a separate sheet.

c. Does the discharge initially enter a separate storm water drainage system?

No ☐ Yes ☐ If yes, provide the following information. Attach a separate sheet with the requested information if there is more than one (1) discharge point into the separate storm water drainage system.

i. Drainage System Owner's name: \_\_\_\_\_

ii. Discharge Point Coordinates into the Drainage System:

Latitude: ° ', " N Longitude: ° ', " W

- iii. A copy of the permit, license, or equivalent written approval granted by the owner(s) of the drainage system(s) allowing the subject discharge to enter their drainage system(s) is attached.

Yes ☐ No ☐ , an explanation is attached.

6. Occasional or Unintentional Water Discharge Information (see Guidelines for WWB-NOI Form J - Note 6)

- a. Activity for which the recycled water is to be used

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- b. Amount of recycled water used or conveyed

\_\_\_\_\_ gallons per day

7. Location Map (see Guidelines for WWB-NOI Form J - Note 7)

A topographic map or maps of the area which clearly show the following is/are attached:

Yes ☐ No ☐

- a. Legal boundaries of the recycled water system,
- b. Location and identification number of each of the recycled water system existing and/or proposed intake and discharge points, and
- c. Receiving State water(s) and receiving storm water drainage system(s), if applicable, identified and labeled.

8. Flow Chart (see Guidelines for WWB-NOI Form J - Note 8)

A flow chart or line drawing showing the general route taken by recycled water from treatment works to the discharge point is attached.

Yes ☐ No ☐

9. Existing or Pending Permits, Licenses, or Approvals (see Guidelines for WWB-NOI Form J - Note 9)

Provide the status and corresponding file numbers on any existing or pending environmental permits.

- a. Other NPDES Permit or NGPC File No.: \_\_\_\_\_
- b. Other (Specify): \_\_\_\_\_

10. NGPC Renewal (see Guidelines for WWB-NOI Form J - Note 10)

Is this an application for NGPC renewal?

No ☐ Yes ☐ If yes, provide the assigned File No.: \_\_\_\_\_

11. Automatic Coverage Under General Permit (see Guidelines for WWB-NOI Form J - Note 11)

a. ☐ I elect to claim automatic coverage per HAR, Section 11-55-34.09(f).

b. ☐ I elect to waive automatic coverage per HAR, Section 11-55-34.09(g).

12. Owner or Operator of Treatment Works Producing or Supplying R-1 Water (see Guidelines for WWB-NOI Form J - Note 12)

a. Owner or Operator Information, if different from WWB-NOI Form J Item No. 1 or 3.

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

13. R-1 Water Use Agreement (see Guidelines for WWB-NOI Form J - Note 13)

A copy of the agreement(s) relating to R-1 water use between the permittee and the owner or operator of treatment works producing the R-1 water.

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The R-1 Water Use Agreement is submitted as an attachment to WWB-NOI Form J.

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The R-1 Water Use Agreement will be submitted 30 days before the start of the construction activities.

14. R-1 Characterization (see Guidelines for WWB-NOI Form J - Note 14)

Quantitative data of the R-1 water in the recycled water system

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15. Additional Information (see Guidelines for WWB-NOI Form J - Note 15)

16. Authorization of Representative (see Guidelines for WWB-NOI Form J - Note 16)

a. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required WWB-NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Phone No.: (     ) Fax No.: (     )

- b. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required WWB-NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. Our representative is further authorized to fulfill all conditions of the NGPC. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Authorized Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

- c. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to fulfill all conditions of the NGPC for the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC Conditions.

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Authorized Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

- d. ☐ A separate statement is attached.

17. Certification (see Guidelines for WWB-NOI Form J - Note 17)

Alteration of this item will result in the invalidation of this WWB-NOI Form submittal. **The person certifying this WWB-NOI Form must meet one of the following descriptions and be employed by the owner listed in Item 1.**

- ☐ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a state agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- ☐ I certify that I am a general partner for a partnership.
- ☐ I certify that I am the proprietor for a sole proprietorship.
- ☐ I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision-making functions for the corporation.
- ☐ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities and am authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- ☐ I certify that for a trust, I am a trustee.
- ☐ I certify that for a limited liability company (LLC), I am the Manager or a Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

WWB-NOI Form J Checklist			
If any item (except for Item 15) is listed as "no," attach a sheet with the reason for its exclusion from the WWB-NOI Form J submittal.			
Item Number	Description	Is info. provided?	
		yes	no
1.	Owner Information		
2.	Owner Type		
3.	Operator Information		
4.	System Information		
5.	Receiving State Water(s) Information		
6.	Occasional or Unintentional Water Discharge Information		
7.	Location map is attached		
8.	Flow chart is attached		
9.	Existing or Pending Permits, Licenses, or Approvals		
10.	NGPC Renewal		
11.	Automatic Coverage Under General Permit		
12.	Owner or Operator of Treatment Works Producing or Supplying R-1 Water		
13.	R-1 Water Use Agreement		
14.	R-1 Characterization		
15.	Additional Information		
16.	Authorization of Representative		
17.	Certification		
18.	Filing Fee (\$500.00) is attached		
19.	Number of copies with supporting documents submitted		
	One (1) copy for facilities on Oahu with owner's original signature		
	Two (2) copies for facilities on islands other than Oahu (one with owner's original signature)		
20.	Submit a list of all supporting documents (see General Guidelines for NOI Forms - Note X)		